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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.

PC25375A

First Inventor

Charles Eric Mowbray

Title

PYRAZOLE DERIVATIVES

Express Mail Label No.

EL969716378US

ADDRESS TO:
Mail Stop **Patent Applications**
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 28]	a. <input type="checkbox"/> Computer Readable Copy (CRF)
[preferred arrangement set forth below]	
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R&D	
- Reference to sequence listing, a table, or a computer program listing appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets _____]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input type="checkbox"/> Oath or Declaration [Total pages _____]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	28940	<input type="checkbox"/> Correspondence address below			
Name	Pfizer, Inc.				
Address	10777 Science Center Drive				
City	San Diego	State	CA	Zip Code	92121
Country	U.S.A.	Telephone	858-526-4608	Fax	858-678-8233

NAME (Print/type)	Keith D. Hutchinson	Registration No. (Attorney/Agent)	43,687
Signature	September 12, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



09/21/03



FEE TRANSMITTAL for FY 2003

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PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$1,450.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None
Order
 Deposit Account:

Deposit Account Number

500329

Deposit Account Name

Agouron Pharmaceuticals, Inc.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filings fee	
Subtotal (1)				\$ 750	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	19 - 20 = 0	0 x 0 = 0	0
Independent Claims	8 - 3 = 5	5 x 84.00 = 420.00	420.00
Multiple Dependent		280.00 = 280.00	280.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

SUBTOTAL (2) (\$ 700.00)

Complete if Known	
Application Number	TBA
Filing Date	Herewith
First Named Inventor	Charles Eric Mowbray
Examiner Name	TBA
Art Unit	TBA
Attorney Docket No.	PC25375A

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2610	375
1801	750	2810	375
1802	900	1802	900
1802	900	1802	900
Other Fee (specify)			

*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$)

(Complete if applicable)

Name (Printed/Type)	Keith D. Hutchinson	Registration No.	43,687	Telephone	858-526-4608
Signature	Keith D. Hutchinson	(Attorney Agent)		Date	September 12, 2003

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pat-9199 and select option 2.

Certificate of Mailing (37 C.F.R. §1.10):
 I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail #EL969716378US in an envelope addressed to: Mail Stop: Patent Applications, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 12th day of September 2003.

s/ 
 Julie Agozino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:
CHARLES ERIC MOWBRAY, ET. AL.

Serial No.: Not Yet Assigned

Filed: Herewith

For: PYRAZOLE DERIVATIVES

Group Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

Mail Stop: Patent Applications
 Honorable Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith are the following documents:

1. Application Data Sheet	2 pages;
2. Utility Patent Application Transmittal	1 page;
3. Fee Transmittal	1 page + duplicate;
4. Specification	28 pages total; and
• Claims (5 pages)	
• Abstract (1 page)	
5. Return Postcard.	

Respectfully submitted,

Date: Sept. 12, 2003


 Keith D. Hutchinson
 Attorney For Applicants
 Registration No. 43,687

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